

# VS Form 4-24 Brucellosis Vaccination Record (Short form)

*This form is used when vaccinating cattle or bison for brucellosis. Official calfhood vaccinates are female cattle or bison between 4 and 12 months of age. Check with the State Animal Health Official's Office to determine if the state requires a more narrow age range. Adult vaccinates are cows or female bison older than one year of age that need to be vaccinated with approval from the State Animal Health Official (SAHO) and the Area Veterinarian-in-Charge (AVIC). If more than 8 animals are to be vaccinated or certified for re-establishment of vaccination status, VS Form 4-26 should be used instead of VS Form 4-24.*

This document is intended to give guidance on how to complete VS Form 4-24. Recognize that these are not official directions and forms change over time. If you have any questions regarding how to complete this form, contact your VS Area Office. A properly completed form is critical to assure proper compliance.

**STATE:** Name of the state where the herd is located. It may not be the same as the owner's residence.

**COUNTY:** Name of the county where the herd is located.

**CODE:** The Federal Information Processing Standards (FIPS) county codes are no longer collected; leave blank. However, your SAHO or AVIC may assign another local code for their purposes.

**HERD NUMBER:** Herd numbers are assigned by the state. You may not have them when you complete the form; leave blank.

**OWNER NUMBER:** Owner numbers are assigned by the state. You may not have them when you complete the form; leave blank.

**KIND OF HERD:** Check appropriate box: DAIRY, BEEF, or MIXED.

**REMARKS:** Any general remarks that may need to be noted.

**WBBS:** Leave blank. The box is for use by Veterinary Medical Officers to account for time in the field.

**HERD OWNER:** Last name, first name, and middle initial of the owner of the herd.

**ROUTE-STREET-ROAD:** Mailing address of owner. This address may be different than the location of the animals.

**POST OFFICE:** City/Town of the mailing address.

**STATE:** State of the mailing address.

**ZIP CODE:** Zip code of the mailing address.

**CV AV:** Mark whether this is a calfhood vaccination (CV) or adult vaccination (AV).

**RGE: TWP: SEC:** Range, Township, and Section are systems used to give legal descriptions of parcels of land in many states. Record if appropriate.

**DISTRICT:** Geographical descriptions for locating parcels of land in some states. Record if appropriate.

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**FARM UNIT:** Used to identify groups of animals of a large herd that is maintained in two or more separate and distinct units. Rather than having two herd names and numbers, one herd name and number can be used and the two or more units would have different unit identifiers. Record if appropriate.

**VACCINE USED:** Name of the biological supply company producing the vaccine administered, as well as the vaccine type (i.e., RB51).

**EXPIRATION DATE:** Provide the expiration date of the vaccine.

**SERIAL NUMBER:** Provide the serial number of the vaccine.

**DOSAGE:** Mark the appropriate box. Always use full label dose unless otherwise instructed by state or federal animal health officials.

**VACC TATTOO:** Enter the tattoo used. The most current tattoo used is to indicate *Brucella abortus* Strain RB51 as the vaccine. This tattoo will include the U.S. Registered Shield and a “V” which will be preceded by a letter “R” and followed by a number corresponding to the last digit of the year in which the vaccination was done. The tattoo is applied to the right ear in cattle. Example: RV0 for animals vaccinated with RB51 in 2000 or 2010.

**NO.:** Represents the number of animals that have been officially vaccinated and identified.

**IDENTIFICATION NUMBER:** Number from the official vaccination (orange) metal eartag. The eartag is applied on the right ear.

**AGE:** Age of the animal being vaccinated in months. If the animals are being certified for re-establishing vaccination status, it may be more appropriate to list the age in years.

**BREED:** Use breed codes. See Breed Code Guide.

**SEX:** Indicate the sex of the animal (F-Female, NF-Neutered Female; in most cases only heifers are vaccinated for brucellosis).

**P/B GRADE:** Enter “P/B” if the animals are purebred and enter “GRADE” if the animals are mixed breed.

**\*TATTOO:** This column is used when vaccinated animals are retagged. The existing vaccination tattoo that is in the right ear should be recorded. Example: RV0 would be an animal that was vaccinated with RB51 in 2000 or 2010.

### CERTIFICATION FOR PAYMENT:

**FEDERAL EMPLOYEE:** Check here if you are an employee of the federal government.

**FEE BASIS (FEDERAL):** Check here if the test is part of a federal program which is paying for the test and you have signed a fee basis contract with the federal government.

**STATE COUNTRY:** Check here if the test is part of a state or county program which is paying for the test.

**PRIVATE (owner's expense):** Check here if the test is being performed at the owner's expense.

**SIGNATURE:** The signature of veterinarian performing the vaccination. Signing this document certifies that you as a veterinarian have properly vaccinated and identified the animals listed on the form.

**DATE OF VACCINATION:** Date the vaccination was performed.

**AGREE. CODE:** The agreement code if a fee basis agreement has been signed with the federal government. The National Accreditation Number (NAN), if required. This could also be the state agreement code assigned by the state, if required or state license number, if required.

### CERTIFICATION OF OWNER OR WITNESS:

**SIGNATURE:** Signature of someone that witnessed or participated in vaccinating the animals listed on the form. If this is not the owner, the last name of the witness should be printed after the signature.

**DATE:** Date when the owner or witness signs the form, which is usually the vaccination date.

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**CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS:** If animals have to be retagged, to re-establish their vaccination status, this section should be completed.

- Checking the box indicates the animal(s) were retagged and their original tattoo is recorded in the \*TATTOO column.
- The person certifying the re-establishment must sign and date.

There is no continuation sheet for VS Form 4-24.